

Circleville City School Foundation

Enriching Educational Opportunities

Payment Request Form

Today's Date: _____ Requested by: _____

Purpose:

Vendor/Payee Name: _____ Amount: _____

Address: _____

Check which option applies:

1. This request will be paid by Circleville City Schools via the CCSF Grant Account

2. This request will be paid by the CCSF via check
Confirm with Bruce if funds need to be transferred.

If YES, from: _____ to: Checking

3. This request will be paid by the CCSF via the debit card

Project request form and copy of invoice/billing should be emailed to: marcyhill67@gmail.com.

Project Chairperson Authorization: _____

APPROVAL INFORMATION:

Date approved: _____ Motion by: _____ 2nd by: _____